

EU 881363115 US

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2123 \$

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/520,259				
Filing Date	03/07/2000				
First Named Inventor	Peter P. Van Bemmel				
Group Art Unit	2123				
Examiner Name	E. G. Otero				
Attorney Docket Number	94.0027				

10/08/2003

Date

			ENCLOSURES (check	all that apply)
X Fee Transmittal Form	n		Assignment Papers (for an Application)	After Allowance Communication to Group
X Fee Attached	i 🦟		Drawing(s)	Appeal Communication to Board of Appeals and Interferences
X Amendment / Reply	,		Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
After Final			Petition	Proprietary Information
Affidavits/de	claration(s)		Petition to Convert to a Provisional Application	Status Letter
X Extension of Time R	Request		Power of Attorney, Revocation Change of Correspondence Address	X Other Enclosure(s) (please identify below):
Express Abandonm	ent Request		Terminal Disclaimer Request for Refund	See remarks beloRECEIVED
Information Disclose	ure Statement		CD, Number of CD(s)	OCT 2 2 2003
Certified Copy of Pr	iority			Technology Center 21
		1. Trar 2. Fee 3. Fee 4. Peti 5. Res 6. Sub	Transmittal form (1 page);	Copies of Oxford 1998 citation (4 pages) and AGU 1989 citation (4 pages); Acknowledgement Postcard.
	SIGNATU	IRE O	F APPLICANT, ATTORNEY, OR	AGENT
Firm	Danita J.M. Mas	eles		
or Individual name	Schlumberger In	forma	ition Solutions, 5599 San Felip	e, Suite 1208, Houston, TX 77056
Signature	Wante	P	Madeles	
Date	Octo	Bei	8,2003	
		CE	RTIFICATE OF MAILING	
I hereby certify that this correspo	ondence is being deposite	d with th	e United States Postal Service with sufficien	t postage as first class mail or U.S. Express

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in an envelope addressed to the address below on this date:

PTO/SB/17 (10-02)
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EE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 950

Co	omplete if Known	
Application Number	09/520.259	
Filing Date	03/07/2000	
First Named Inventor	Peter P. Van Be	mmel
Examiner Name	E. G. Otero	RECEIVED
Art Unit	2123	007.0.0
Attorney Docket No.	94.0027	OCT 2 2 2003

METHOD OF PAYMENT (check af Pthat apply)	FEE CALCULATION (contiles binology Center 21							
Check Credit card Money None	3. ADDI1	IONAL FE						
Order Order	Large Entity	Small Entity	Y					
Deposit Account 07-1078	Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description	Fee Paid				
Number	1051 130	2051 65	Surcharge - late filing fee or oath					
Deposit Account Name	1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet					
The Commissioner is authorized to: (check all that apply)	1053 130	1053 130	Non-English specification	<u> </u>				
Charge fee(s) indicated below Credit any overpayments	1812 2,520	1812 2,520	For filing a request for ex parte reexamination	' 				
Charge any additional fee(s) during the pendency of this application	1804 920	1804 920*	Requesting publication of SIR prior to Examiner action					
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805 1,840	1805 1,840	 Requesting publication of SIR after Examiner action 					
FEE CALCULATION	1251 110	2251 55	Extension for reply within first month					
1. BASIC FILING FEE	1252 420	2252 210	Extension for reply within second month					
Large Entity Small Entity	1253 950	2253 475	Extension for reply within third month	950				
Fee Fee Fee Fee Fee Paid Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	1254 1,480	2254 740	Extension for reply within fourth month	I				
1001 770 2001 385 Utility filing fee	1255 2,010	2255 1,005	Extension for reply within fifth month					
1002 340 2002 170 Design filing fee	1401 330	2401 165	Notice of Appeal					
1003 530 2003 265 Plant filing fee	1402 330	2402 165	Filing a brief in support of an appeal					
1004 770 2004 385 Reissue filing fee	1403 290	2403 145	Request for oral hearing					
1005 160 2005 80 Provisional filing fee	1451 1,510	1451 1,510	Petition to institute a public use proceeding					
SUBTOTAL (1) (\$) ()	1452 110	2452 55	Petition to revive - unavoidable	<u> </u>				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1,330	2453 665	Petition to revive - unintentional					
Fee from	1501 1,330	2501 665	Utility issue fee (or reissue)	<u> </u>				
Extra Claims below Fee Paid Total Claims X = \$0	1502 480	2502 240	Design issue fee	<u> </u>				
Independent - **= X ==\$0	1503 640	2503 320	Plant issue fee	\blacksquare				
Claims	1460 130	1460 130	Petitions to the Commissioner					
	1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	$\vdash \vdash \vdash \vdash \vdash \vdash$				
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806 180	1806 180	Submission of Information Disclosure Stmt	 				
Code (\$) Code (\$)	8021 40	8021 40	Recording each patent assignment per property (times number of properties)					
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))					
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770	2810 385	For each additional invention to be					
1204 86 2204 43 ** Reissue independent claims			examined (37 CFR 1.129(b))	 				
over original patent	1801 770	2801 385	Request for Continued Examination (RCE)	I				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900	1802 900	Request for expedited examination of a design application	<u> </u>				
SUBTOTAL (2) (\$) 0	Other fee (s	pecify)						
**or number previously paid, if greater; For Reissues, see above	*Reduced b	y Basic Filing F	Fee Paid SUBTOTAL (3) (\$) 950					

SUBMITTED BY

Name (Print/Type)

Danite JM. Maseles

Registration No. (Attorney/Agent)

Signature

(Complete (if applicable)

Telephone (713) 513-2515

Date 10/08/2003

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PTO/SB/06 (08-00)
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J. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

 ,	PATENT A	APPLICATIO	N FEE D	ETERM	OEMAS IINATIO	6 9		Ap	ed for use three of the control of t		t Number	COMMEN
		CLAIMS	AS FILED	- PART I	(Colu	nn 2)	SMA		NTITY	OR	OTHER T	
FOR NUMBER FILED				1	NUMBER EXTRA			TE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))						v 8	~	¥ - 7.	\$ <u>0</u>	OR	***	\$.0
	AL CLAIMS CFR 1.16(c))		min	nus 20 = *	•	0	x \$ <u>9</u>	=		OR	x \$_18 =	0
	EPENDENT CLA	AIMS	mi	inus 3 = *	•	0	x 42		0	OR	x 84 =	0
		IDENT CLAIM PR	ESENT (3	37 CFR 1.16(d))		0	+ 14	0 =	0	OR	+ 280 ₌	0
k If the	difference in colur	nn I is less then zero,	enter "0" in colu	ımn 2			тот	AL	0	OR	TOTAL	0
		CLAIN (Column 1)	AS AS AM	ENDED - (Colum		(Column 3)	SMA	LL E	NTITY	OR	OTHER T	
ENT A	198	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RA'	ГЕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	* 41	Minus	** 41		= 0	x \$_9	_=	0	OR	x \$ <u>18</u> =	0
ME	Independent (37 CFR 1.16(b))	* 5	Minus	*** 5		= 0	x 42	_=	0	OR OR	x <u>84</u> =	0
[*]	FIRST PRES	SENTATION OF M	ULTIPLE DE	EPENDENT	CLAIM (37	CFR 1.16(d))	+ 140		0	OR	+ 280 <u>=</u>	0
(Column 1) (Column 2) (Column						(Column 3)	TOT ADDIT. F		0	OR	TOTAL DDIT. FEE	0
ENDMENT B	- 	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IBER OUSLY	PRESENT EXTRA	RA	ГĒ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
VIDIN	Total (37 CFR 1.16(c))	*	Minus	**		=	x \$, 9	. 11	0	OR	x \$ <u>18</u> =	0
AME	Independent (37 CFR 1.16(b))	*	Minus	***		=	x_42	_=	0	OR OR	x <u>84</u> =	0
₹	FIRST PRES	SENTATION OF M	ULTIPLE DE	EPENDENT	CLAIM (37	CFR 1.16(d))	+ _140	_=	0	OR	+ _280_ =	0
		(Column 1)		(Colun	nn 2)	(Column 3)	TO ADDIT.	TAL FEE	0	OR A	TOTAL DDIT. FEE	0
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	IBER	PRESENT EXTRA	RA	ГЕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total (37 CFR 1.16(c))	*	Minus	**		=	x \$_9	_=	0	OR	x <u>\$_18</u> =	0
ME	Independent (37 CFR 1.16(b))	*	Minus	***		=	x <u>42</u>	_=	0	OR OR	x <u>84</u> =	0
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))] [+	=	0	OR	+ 280 =	0
		mn 1 is less than the					TC ADDIT.	TAL FEE	0	OR A	TOTAL DDIT. FEF	0
*** If	the "Highest Nur	mber Previously Pai mber Previously Pai per Previously Paid	d For" IN TH	IS SPACE is	less than 3,	enter "3".	l in the ann	onriot	e hox in colu	mn 1	DDIT.	CEIV

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